



# APPLICATION FOR LICENSE TO OPERATE A COMMUNITY RESIDENTIAL CARE FACILITY

## Division of Health Licensing

In accordance with §44-7-260, of the South Carolina Code Ann. (Suppl. 2001) and Regulation 61-84, licensees and prospective licensees must file an application under oath prior to operating a community residential care facility, and annually thereafter. Licenses, except for provisional licenses, are effective for a 12-month period following the date of issue.

1. A. \_\_\_\_\_  
(Name of facility to be licensed)
- B. \_\_\_\_\_  
(Street Address or Location)
- C. \_\_\_\_\_  
(City) (County) (Zip Code) (Telephone #)
- D. \_\_\_\_\_  
(Mailing Address, if different) (City) (State) (Zip Code)
- E. \_\_\_\_\_  
(E-mail Address)

2. Reason for application:

- A. ☐ New facility (Initial License)
- B. ☐ Renewal of license # \_\_\_\_\_ which expires \_\_\_\_\_.
- C. ☐ Change of (check one or more)
- ☐ (1) licensee from \_\_\_\_\_  
to \_\_\_\_\_
- ☐ (2) name of facility from \_\_\_\_\_  
to \_\_\_\_\_
- ☐ (3) address of facility from \_\_\_\_\_  
to \_\_\_\_\_
- ☐ (4) number of beds from \_\_\_\_\_ to \_\_\_\_\_.

**NOTICE:** Your license must be renewed prior to the expiration date. The current licensee is responsible for renewal of the license prior to the expiration date regardless of any changes or pending approvals (i.e., ownership changes or bed increases/decreases) from the Department that are in progress at the time the license is due for renewal. To avoid a lapse in your license we recommend you submit an application to renew the current license and a second application to effect the changes. Please read the attached instructions regarding pending changes for Line 2.

3. Administrative Officer (Facility Contact): **Prefix:** Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other: \_\_\_\_\_

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Generation:** Sr. ☐ Jr. ☐ III ☐ Other: \_\_\_\_\_ **Suffix:** MD ☐ Ph.D. ☐ RN ☐ Other: \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

**Administrator's License Number:** \_\_\_\_\_ **Expires:** \_\_\_\_\_ (Attach copy of license issued by the Board of Long Term Health Care Administrators, Department of Labor Licensing & Regulation.)

A. Name of responsible person in absence of administrator: \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 mm dd yy

B. Number of other staff positions: \_\_\_\_\_

4. Description of Facility:

A. Total Number of Beds to be Licensed: \_\_\_\_\_

B. Do you provide care for residents with Alzheimer Disease? ☐ Yes ☐ No  
 If yes, how many residents' can you care for? \_\_\_\_\_

C. Do you have an Alzheimer Special Care Unit? ☐ Yes ☐ No  
 If yes, how many licensed beds are located in the unit? \_\_\_\_\_

D. Location of Rooms:

Name of Building	# of Resident Beds	# of Resident Bedrooms	# of Staff Beds	# of Staff Bedrooms	Total # of Beds in Building

5. If any facility services or functions are located in buildings other than those named above, attach a description of the functions and name of building(s) (and location if at an address other than that of the location identified on Line 1.B.).

6. Is any other license held for any other activity at the location address identified on Line 1.A. ? ☐ Yes; ☐ No.  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

7. Attach a brief description of any construction or renovations in progress; identify location, percent of completion, expected completion date.

8. Licensee (The legal entity who, or whose governing body, has the ultimate responsibility and authority for the conduct of the facility or service; the owner of the business; with whom rests the ultimate responsibility for maintaining approved applicable licensing standards for the facility.
- A. \_\_\_\_\_  
(Name)
- B. \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip Code)
- C. Check one of following characteristics in each of the three categories that applies to the licensee:
- (1) ☐ Profit ☐ Not for Profit (Non Profit)
- (2) ☐ State Government ☐ County Government ☐ District Government  
☐ Religious ☐ Commercial ☐ None in these categories apply
- (3) ☐ Sole proprietorship ☐ Partnership ☐ Limited Partnership ☐ Corporation  
☐ Limited Liability Corporation ☐ None in these categories apply
- D. \_\_\_\_\_  
(Complete title of the licensee's governing body)
- E. \_\_\_\_\_  
(Name and title of presiding officer of governing body)
- \_\_\_\_\_  
(Mailing address of presiding officer)
- \_\_\_\_\_  
(City) (State) (Zip Code) (Telephone Number)
- F. (1) If a publicly held entity or corporation, does any person or other legal entity own 5 percent or more of the ownership interest or owner's equity of the licensee? ☐ Yes; ☐ No. If yes, then attach a list identifying the name, address, percent and type of ownership claim.
- (2) If not a publicly held entity, attach a list identifying the name, address, percent and type of ownership claim of all others.
- G. Does any person or other legal entity claim liabilities of the licensee or of the facility or service for which this license is requested? ☐ Yes; ☐ No. If yes, then attach a list identifying the name, address, percent, and type of claim.
- H. If the licensee is a corporation or partnership, **you must attach a list identifying all officers** with your initial application and **annually thereafter with each license renewal application.**

9. Real property ownership. Is the land and/or building on/in which the facility or service is conducted owned by the licensee? ☐ Yes; ☐ No. If no, attach a list providing information similar to that required in Line 8, above. **(Note: You must attach a copy of the current executed lease or rental agreement annually when you renew your license.)**
10. Management. Has the licensee engaged an entity other than an employee of the licensee to manage or operate the facility? ☐ Yes; ☐ No. If yes, attach a list providing information similar to that required in Line 8, above.
11. Is there any agreement, contract, option, understanding, intent or other arrangement that will effect a change in any of the information requested and/or provided in Line 8, 9, or 10 above? ☐ Yes; ☐ No. If yes, attach a complete description of this, including the type of information required in Line 8, above.

12. VERIFICATION

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_ and \_\_\_\_\_  
being duly sworn on my oath, depose and say that I have read the foregoing application (and attachments) and know the contents thereof; that the statements contained are correct and true to the best of my knowledge and belief. Furthermore, I understand that I must comply with standards set forth in South Carolina Regulation 61-84 and that noncompliance with these standards may result in the Department pursuing enforcement actions as provided in regulation 61-84.

\_\_\_\_\_  
(Signature)\*

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)\*

\_\_\_\_\_  
(Title)

\*An application must be signed by the owner if an individual; or in the case of a limited liability corporation, the head of the limited liability corporation; or two of the owners if a partnership; or, in the case of a corporation, by two of its officers; or, in the case of a governmental unit, by the head of the governmental department having jurisdiction over the facility.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
(Month) (Year)

NOTARY PUBLIC \_\_\_\_\_

My commission expires \_\_\_\_\_ NOTARY SEAL

13. \_\_\_\_\_  
(Name and title of person preparing this application) (Telephone Number) (Date Prepared)

**Instructions for Completing DHEC Form 0207**  
**Application for License to Operate a**  
**Community Residential Care Facility**

**PURPOSE:** In accordance with §44-7-260, of the South Carolina Code Ann. (Suppl. 2001) and Regulation 61-84, licensees and prospective licensees must file an application under oath prior to operating a community residential care facility, and annually thereafter. Licenses, except for provisional licenses, are effective for a 12-month period following the date of issue.

**INSTRUCTIONS:**

Line 1.A. If you are renewing your license, the name of the facility must appear exactly as it did before on your current license. If you are changing the name of your facility, then enter the new name of the facility on line 1.A. and complete line 2.C.(2) as indicated. If the name of your facility is incorporated, then the name on line 1.A. must appear exactly as it appears in the Articles of Incorporation as issued by the Secretary of State's Office.

If this is an initial license, we highly recommend that you limit the name to 65 characters (including spaces) as that is the limit of our data base. Names longer than 65 characters will necessitate that we abbreviate the name or cut it off after 65 characters. The abbreviated name will appear on all our information that is made available to the public and may not accurately reflect the actual name of your facility if it is longer than 65 characters.

Regardless of our limitations, the name of the facility on Line 1.A. should be consistent with the name of the facility as it appears on other documents submitted during the initial licensure process. Afterwards, if you desire to change the name of the facility, you can submit another application to reflect the change. This will ensure that the name of the facility reflects what you actually intended the facility to be called.

Line 1.B.C. Enter the address where the facility is physically located and include the facility phone number.

Line 1.D. Enter the mailing address if it is different from the location address. If it is the same, enter "Same".

Line 2.A.B. Check the appropriate response as to your reason for submitting the application.

Line 2.C. If you are making a change that will alter the face of your current license, check this box. (See Notice on page 1 of this application.)

Line 2.C.(1) If a change in licensee is anticipated, **a separate application** should be completed by the individual or entity that will become the new licensee for the facility, as licenses are not transferable. Regardless of the party that completes the application, **the signatures on Line 12 must be that of the new licensee.** Our Department will continue to recognize the current licensee as the owner of the license until the application for change in licensee has been approved by our office. Until we grant approval to issue a new license to the new licensee, the current licensee is responsible for renewing the current license prior to the expiration date and must submit a separate application to renew the current license. Enter the name of the current licensee on the first space provided and the name of the new licensee on the second space provided.

Line 2.C.(2) Enter the current name of the facility on the first line and the new facility name on the second line. We highly recommend that you limit the new name to 65 characters (including spaces) as that is the limit of our data base. Names longer than 65 characters will necessitate that we abbreviate the name or cut it off after 65 characters. The abbreviated name will appear on all our information that is

made available to the public and may not accurately reflect the actual name of your facility if it is longer than 65 characters.

- Line 2.C.(3) Enter the old address of the facility on the first line and the new address on the second line. Indicate if this is a change in mailing address or location address. **(Note: You cannot move the licensed activity to another location without prior approval from our office. Such a change would necessitate an application as a new or initial license.)**
- Line 2.C.(4) Enter the current number of beds you are licensed for in the first space provided and the new number of beds you are applying for in the second space whether it is an increase or decrease of the current number of beds.
- Line 3. Check the appropriate boxes and enter the name and title of the individual designated as the Administrator of the facility with whom contact between our Department and the facility will be made. Where indicated, enter the birth date of the Administrator. This information is necessary as Administrators must be 21 years old or older. The administrator of the facility must be the individual licensed by the South Carolina Board of Long Term Care Administrators, Department of Labor, Licensing and Regulation. As such, you must enter the Administrator's License Number and the expiration date.
- Line 3.A. Enter the name of the responsible person who will serve in absence of the administrator. Enter the individuals date of birth where indicated. This is necessary as facility staff must be 18 years old or older to qualify as eligible staff in a community residential care facility.
- Line 3.B. Enter the total number of other staff positions excluding from the total, the administrator and the person responsible in his/her absence.
- Line 4.A. Enter the total number of beds to be licensed.
- Line 4.B. Check yes, if your facility is staffed to care for residents that have been diagnosed with Alzheimer's Disease. Then enter the number of Alzheimer residents your facility is capable of caring for.
- Line 4.C. Check yes, if your facility has a unit within the facility that is specifically designed to care for Alzheimer residents. Then enter the total number of beds that are located in that unit.
- Line 4.D. Enter the name of the building(s) in which all bedrooms are located in that building(s). Enter the total number of resident beds, the total number of resident bed rooms, the total number of staff beds, the total number of staff in the building, and the total number of beds in the building.
- Line 5. Self explanatory.
- Line 6. Some licensees/facilities have other licensed activities such as Day Care Facilities for Adults (Adult Day Care) or a business license for cosmetology. If you have any type of license other than the community residential care license, check yes and explain the licensed activity in the space provided or attach an additional sheet if more space is necessary.
- Line 7. Self explanatory. Complete as indicated. Attach additional sheet(s) if necessary.
- Line 8. If you have procured the services of a management company to run the facility on behalf of the licensee, the management company **is not** the licensee. Information pertaining to the management company is requested on Line 10. Only information pertaining to the licensee is requested in Line 8.

- Line 8.A. If the licensee is an individual (sole proprietorship), enter his/her legal name. All others must enter the name as legally registered to do business in this State, or as listed in the Articles of Incorporation.
- Line 8.B. The mailing address must be that of the licensee, where the individual or entity receives mail.
- Line 8.C. Only one block per category (1), (2), and (3) shall be checked. If the license is for a renewal, and you check any block different from the previous application, you must attach a full explanation and any other pertinent documentation to support the change. (**Note:** You cannot arbitrarily change from a sole proprietorship to any other category without an official notarized agreement if a partnership or; articles of incorporation if a limited partnership, corporation or limited liability corporation.)
- Line 8.D. Enter on this line the complete title of the licensee's governing body. If sole proprietorship, enter the individual's name on this line. Generally, the governing body is a board of directors elected or appointed and is usually within the organization or entity that is the licensee.
- Line 8.E. Enter the name, title, mailing address, and phone number of the individual that is the President or Chief Executive Officer (CEO) of the governing body.
- Line 8.F. Self explanatory. A publicly held entity is one offering or has offered its stock for sale on a public exchange.
- Line 8.G. Self explanatory
- Line 8.H. If the licensee is a corporation or partnership, **you must attach a list identifying all officers** with your initial application and each subsequent license renewal application.
- Line 9. Self explanatory. The licensee must be the sole owner of the property unless the licensee has entered into a legal lease or rental agreement with the real property owner. (**Note: You must attach a copy of the current executed lease or rental agreement annually when you renew your license.**)
- Line 10. If the licensee has procured the services of a management company to operate the facility, attach a list providing information similar to that required in Line 8. The management company under no circumstances is the licensee.
- Line 11. Self explanatory.
- Line 12. Self explanatory. The verification signatures must be those of the individuals who are officers of the licensee's governing body. Individuals belonging to a management company or other persons who are not officers of the governing body cannot sign on behalf of the licensee. In the case of a sole proprietorship, the signature must be that of the person identified on Line 8.A. If the license application is being notarized outside of the State of South Carolina, the notary seal of that State in which it is notarized must be affixed to the application. Otherwise, if the application is being notarized by a Notary registered with the State of South Carolina, the notary seal is not required.
- Line 13. Self explanatory.

**OFFICE MECHANICS AND FILING:** The original shall be placed in the Master File of the activity in the Division of Health Licensing and kept there in accordance with the most restrictive retention schedule assigned to this document or other documents contained in the file. The most restrictive retention schedule in our Master Files is SBH-F&S-17, which requires documents to be kept for 6 years within Health Licensing. Records are then shipped to the Consolidated Storage Center for retention of not less than twenty-four years before destroying.